Hospital Peer Review
2007 Index

Adverse drug events
- Most adverse drug events unreported: Take these steps, OCT:143
- Most physicians still don't disclose errors, SEP:121
- Patients may define medical errors differently than you, APR:41
- Your hospital's medical errors may soon become public knowledge, JUN:73

Centers for Medicare & Medicaid Services
- CMS discharge rule requires revision, JAN:9
- CMS expands preventive service coverage, JAN:16
- Collaboration key in new discharge notice rule, JUL:97
- Joint Commission, CMS requirements may be inconsistent: Here are strategies, FEB:17
- More alignment of measures on horizon — but not soon enough for many QPs, JAN: 1
- Restraint and seclusion: CMS issues new rule, JAN:12

Comparative data
- How does your hospital really measure up? JAN:4
- Uncover opportunities using comparative data, MAR:41

Conflicts/disruptive behavior
- A physician's disruptive behavior goes unresolved, MAY:56
- Are conflicts and disruptive behavior putting patients at risk at your hospital? MAY:53

Core measures
- Antibiotic time frame now six hours: Joint Commission, JUL:93
- Collaborate with physicians on core measures: Here's how, DEC:166
- Core measures for psych inpatients being tested, FEB:25
- Joint Commission, CMS requirements may be inconsistent: Here are strategies, FEB:17
- More alignment of measures on horizon — but not soon enough for many QPs, JAN: 1
- More core measure data for 2008: Don't neglect your internally defined priorities, APR: 37
- Proven solutions for two low-compliance areas, NOV:154
- Push is growing for physician involvement in quality: Act now, NOV:149
- Take these steps if physicians are noncompliant with core measures, DEC:164

Cultural sensitivity
- Cultural understanding yields patient safety dividends, OCT:Supplement
- Project targets diabetes in Latino community, OCT:139

Data collection
- Coming soon: Better data on hospital-acquired conditions, MAR:33
- How to obtain the data for medical staff standards, AUG:109
- More core measure data for 2008: Don't neglect your internally defined priorities, APR: 37
- New medical staff standards aim to ID problems before sentinel events occur, AUG:105
- Uncover opportunities using comparative data, MAR:41
- You'll need more data, new skills for coming leadership standards, DEC:161
- You'll need performance data for all practitioners, NOV:152

Disaster preparedness
- Hospital hit by tornado shares lessons learned, APR:40

Discharge planning
- Administrators fall short of full recognition of CM duties, APR:43
- AHRQ to request evaluations of pay-for-quality programs, JAN:10
- Are your hospital's discharges really effective? NOV:157
- CMS discharge rule requires revision, JAN:9
- Collaboration key in new discharge notice rule, JUL:97
- Consultant: CM must move to DM model, OCT:141
- Homeless pose unique discharge challenge, JUL:95
- It takes all CM functions to provide necessary care, APR:45
- Most hospitals support pay for performance, JAN:10
- Project targets diabetes in Latino community, OCT:139
- Sutter Health disease management, case management programs strike balance for best patient outcomes, JAN:7
- Sutter program addresses homeless housing, care, JUL:96

Electronic medical records
- Do standardized order sets really improve care? SEP:127
- Share automation–enabled error stories with staff, JAN:13

Error reporting
- Hospitals becoming more open about near-misses, FEB:22
- Most physicians still don't disclose errors, SEP:121
- Patients may define medical errors differently than you, APR:41
- Your hospital's medical errors may soon become public knowledge, JUN:73

Handoffs
- Patient handoffs across units need improvement, AUG:114
- Surveyors: Handoff process is 'best they've ever seen,' MAY:63

Health literacy
- Don't overlook patients with low health literacy, JUN:86

Hospital-acquired conditions
- Coming soon: Better data on hospital-acquired conditions, MAR:33

Joint Commission
- Change in requirement for ED pharmacy review, JUL:104
- Hospital learns the pros and cons of openness, JUL:92
- Hospitals choose to share survey results, the good and the bad, with the public, JUL:89
- How to obtain the data for medical staff standards, AUG:109
- Joint Commission, CMS requirements may be inconsistent: Here are strategies, FEB:17
- Joint Commission's new NPSGs for 2008 proposed, FEB:23
- Joint Commission posts potential NPSGs, JAN:16
- Medical staff: What should trigger a focused review? OCT:137
- New 2008 NPSGs target early intervention, medication safety, SEP:117
- New medical staff standards aim to ID problems before sentinel events occur, AUG:105
- New safety goals will be phased in over a year, SEP:120
- You'll need more data, new skills for coming leadership standards, DEC:161
- You'll need performance data for all practitioners, NOV:152

Medical staff
- Expect more changes for medical staff standards, FEB:24

Fortifying individual case review activities, SEP:129
How to obtain the data for medical staff standards, AUG:109
Medical staff: What should trigger a focused review? OCT:137
Meeting more explicit peer review imperatives, AUG:111
Most physicians still don't disclose errors, SEP:121
New medical staff standards aim to ID problems before sentinel events occur, AUG:105
Ongoing review: Change of mindset is now needed, AUG:108
Turn peer reviews into learning occasions, JUL:101
When should case be sent for external peer review? JUL:94
Use objective criteria for external review, JUL:100
You'll need performance data for all practitioners, NOV:152

Medications
Antibiotic time frame now six hours: Joint Commission, JUL:93
Change in requirement for ED pharmacy review, JUL:104
Most adverse drug events unreported: Take these steps, OCT:143
New 2008 NPSGs target early intervention, medication safety, SEP:117

National Patient Safety Goals
Joint Commission's new NPSGs for 2008 proposed, FEB:23
Joint Commission posts potential NPSGs, JAN:16
New 2008 NPSGs target early intervention, medication safety, SEP:117
New safety goals will be phased in over a year, SEP:120

Patient safety
Electronic health records often not used to their full potential, DEC:175
Enlist staff to find system flaws before errors occur, MAR:39
Hospital adopts aviation-based strategies to improve safety, JUL:Supplement
How to evaluate transfer of training to workplace, FEB:25
Share automation–enabled error stories with staff, JAN:13
Team training is "huge opportunity" for safety, JUN:76

Patient satisfaction
AHRQ: Good news, bad news on gender discrepancies, SEP:126
Assess patient satisfaction with communications, JUN:82
Charity care pledge signed by WA hospitals, MAR:36
CMS offers guidance on HIPAA security rule, MAR:38
Despite longer wait times, satisfaction still improves, DEC:169
Health program saves $1.70 for every dollar, SEP:124
How accurate are patient satisfaction surveys? JUN:81
Keep the patient's 'internal clock' in mind, DEC:170
Leapfrog hospital survey gets tougher, JUN:82
Patient satisfaction questionnaire — Radiology department, MAY:61
Six Sigma project slashes LOS, DEC:167
State goes extra mile with new charity policy, MAR:35
Study shines light on poor transfer communications, JUN:79
Tips to make your hospital patient-friendly environment, MAY:60
Unsatisfactory stay sparks Planetree care model, SEP:123
WA and other states give on-line price, quality data, MAR:38
WA hospitals adjust to meet aid guidelines, MAR:37

Pay for performance
Most hospitals support pay for performance, JAN:10
Survey: Quality managers enthusiastic about P4P, MAR:34

Peer review
Fortifying individual case review activities, SEP:129
Medical staff: What should trigger a focused review? OCT:137
Meeting more explicit peer review imperatives, AUG:111
The real deal on holding successful case reviews, OCT:145
Turn peer reviews into learning occasions, JUL:101
When should case be sent for external peer review? JUL:94
Use objective criteria for external review, JUL:100
You'll need performance data for all practitioners, NOV:152

Physicians
A physician's disruptive behavior goes unresolved, MAY:56
Collaborate with physicians on core measures: Here's how, DEC:166
How to obtain the data for medical staff standards, AUG:109
Most physicians still don't disclose errors, SEP:121
New medical staff standards aim to ID problems before sentinel events occur, AUG:105
Ongoing review: Change of mindset is now needed, AUG:108
Push is growing for physician involvement in quality: Act now, NOV:149
Take these steps if physicians are noncompliant with core measures, DEC:161
You'll need performance data for all practitioners, NOV:152

Publicly reported data
Hospital learns the pros and cons of openness, JUL:92
Hospitals choose to share survey results, the good and the bad, with the public, JUL:89
Your hospital's medical errors may soon become public knowledge, JUN:73

Quality improvement
Expect new roles, skills as quality becomes top priority, NOV:Supplement
Reporting organizational performance graphically, DEC:172

Rapid response teams
Improve impact of rapid response with these steps, NOV:155
New 2008 NPSGs target early intervention, medication safety, SEP:117

Reimbursement
Prepare now for new Medicare ruling: No more payment for preventable errors, OCT:133

Root cause analysis
Fault trees uncover complex causes, APR:49

Safety culture
Database compares safety culture results, MAY:57

Staffing
Survey coordinator: 'Point person' for preparedness, JAN:11

Surveys
Avoid quick fixes for improvement: Don't let surveyors find reoccurring problems, MAR: 29
Best practices found in survey at KY hospital, APR:48
Hospitals choose to share survey results, the good and the bad, with the public, JUL:89
Survey coordinator: 'Point person' for preparedness, JAN:11
Surveyors: Handoff process is 'best they've ever seen,' MAY:63
Surveyors look at newborn security, staff competencies, JUN:84

Team training
Team training is 'huge opportunity' for safety, JUN:76